

CONFIRMATION OF STILLBIRTH

DOCUMENT NO. SB 1001

IMPORTANT:

1. This document is NOT a stillbirth certificate.
2. This document is a temporary document in lieu of the digital stillbirth certificate. You can visit <https://www.mylegacy.gov.sg> after 24 hours to download the digital stillbirth certificate.
3. This document may be used for the purposes of booking of facilities for funeral wake and burial/cremation.

Digital Stillbirth Certificate No
(if any)

CHILD'S PARTICULARS	Sex	Date of Stillbirth DD / MM / YYYY	Time of Stillbirth HHMM hours
	Place or Address where Stillbirth Occurred		
CAUSE OF DEATH	(a) Main Disease or Condition in Foetus		
	(b) Other Disease or Condition in Foetus		
	(c) Main Maternal Disease or Condition Affecting Foetus		
MOTHER'S PARTICULARS	Name		
	NRIC / Identification Document No.	Date of Birth DD / MM / YYYY	Race
FATHER'S PARTICULARS	Name		
	NRIC / Identification Document No.	Date of Birth DD / MM / YYYY	Race
<p>BIRTH INFORMATION:</p> <p>Child delivered by:</p> <p> <input type="checkbox"/> Doctor in govt restructured hospital Birth Order _____ <input type="checkbox"/> Private doctor Birth weight _____ grams <input type="checkbox"/> Midwife/nurse in govt restructured hospital <input type="checkbox"/> Private midwife/nurse <input type="checkbox"/> Delivery without aid <input type="checkbox"/> Unknown </p>			
Name, Official Title, Institution and Signature of Certifier			
Name & Title		Signature	
Institution			
Name, Designation & Signature of Person Issuing this Document (if Issuer is not the Certifier)			Date of Issue DD / MM / YYYY
Name & Designation		Signature	

Name & Title

Signature

Institution

Name, Designation & Signature of Person Issuing this Document (if Issuer is not the Certifier)

Date of Issue

DD / MM / YYYY

Name & Designation

Signature